



2011 & 2014 EDITION CEHRT FLEXIBILITY ATTESTATION GUIDE FOR ELIGIBLE PROFESSIONALS AND ELIGIBLE HOSPITALS

Medicare Electronic Health Record (EHR) Incentive Program



December 2014
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CONTENTS

Overview & Reporting Option for 2014	3
CEHRT Flexibility Attestation Process	4
Scenario 1 2011 Edition CEHRT for First-Year Providers	5
Scenario 2 Edition CEHRT for Providers Beyond Their First Year of Meaningful Use	7
Scenario 3 Edition CEHRT for Providers in Stage 1	10
Scenario 4 Edition CEHRT for Providers in Stage 2	11
Scenario 5 Combination of 2011 and 2014 Edition CEHRT	13
Scenario 6A Making System Modifications: 2014 Edition CEHRT Number to 2011 Edition CEHRT Number	15
Scenario 6B Making System Modifications: 2014 Stage 1 Definition to 2013 Stage 1 Definition	19
Scenario 7 Batch Attestation Upload	22
Additional Information	23

Overview

The Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) released a final rule in August 2014 that grants flexibility for providers who are unable to fully implement 2014 Edition certified electronic health record (EHR) technology (CEHRT) for the 2014 reporting year. Providers may use EHRs that have been certified under the 2011 Edition, 2014 Edition, or a combination of the 2011 and 2014 Editions to submit meaningful data for an EHR reporting period in 2014.

Providers will be required to report using 2014 Edition CEHRT beginning in 2015.

This guide will provide an overview of the CEHRT flexibility steps in the [CMS Registration and Attestation System](#). The CEHRT flexibility options begin at Step 5 of the attestation process for eligible hospitals or Step 6 of the attestation process for eligible professionals.

Reporting Options for 2014

The 2014 reporting options based on the Edition of EHR certification are below:

2011 Edition CEHRT

If you are scheduled to report Stage 1 or Stage 2:

- [2013 Stage 1 objectives](#) and [2013 CQMs](#)

Combination of 2011 & 2014 Edition CEHRT

If you are scheduled to report Stage 1:

- [2013 Stage 1 objectives](#) and [2013 CQMs](#); or
- [2014 Stage 1 objectives](#) and [2014 CQMs](#)

If you are scheduled to report Stage 2:

- 2013 Stage 1 objectives and 2013 CQMs; or
- 2014 Stage 1 objectives and 2014 CQMs; or
- [Stage 2 objectives](#) and [2014 CQMs](#)

2014 Edition CEHRT

If you are scheduled to report Stage 1:

- [2014 Stage 1 objectives](#) and [2014 CQMs](#)

If you are scheduled to report Stage 2:

- 2014 Stage 1 objectives and 2014 CQMs; or
- [Stage 2 objectives](#) and [2014 CQMs](#)

CEHRT Flexibility Attestation Process

To begin the attestation process, log in to the [CMS Registration and Attestation System](#).

Eligible professionals should input their Identity & Access Management (I&A) ID and password to log in to the attestation system. Eligible hospitals should input their National Provider Identifier (NPI), as well as a user ID and password.

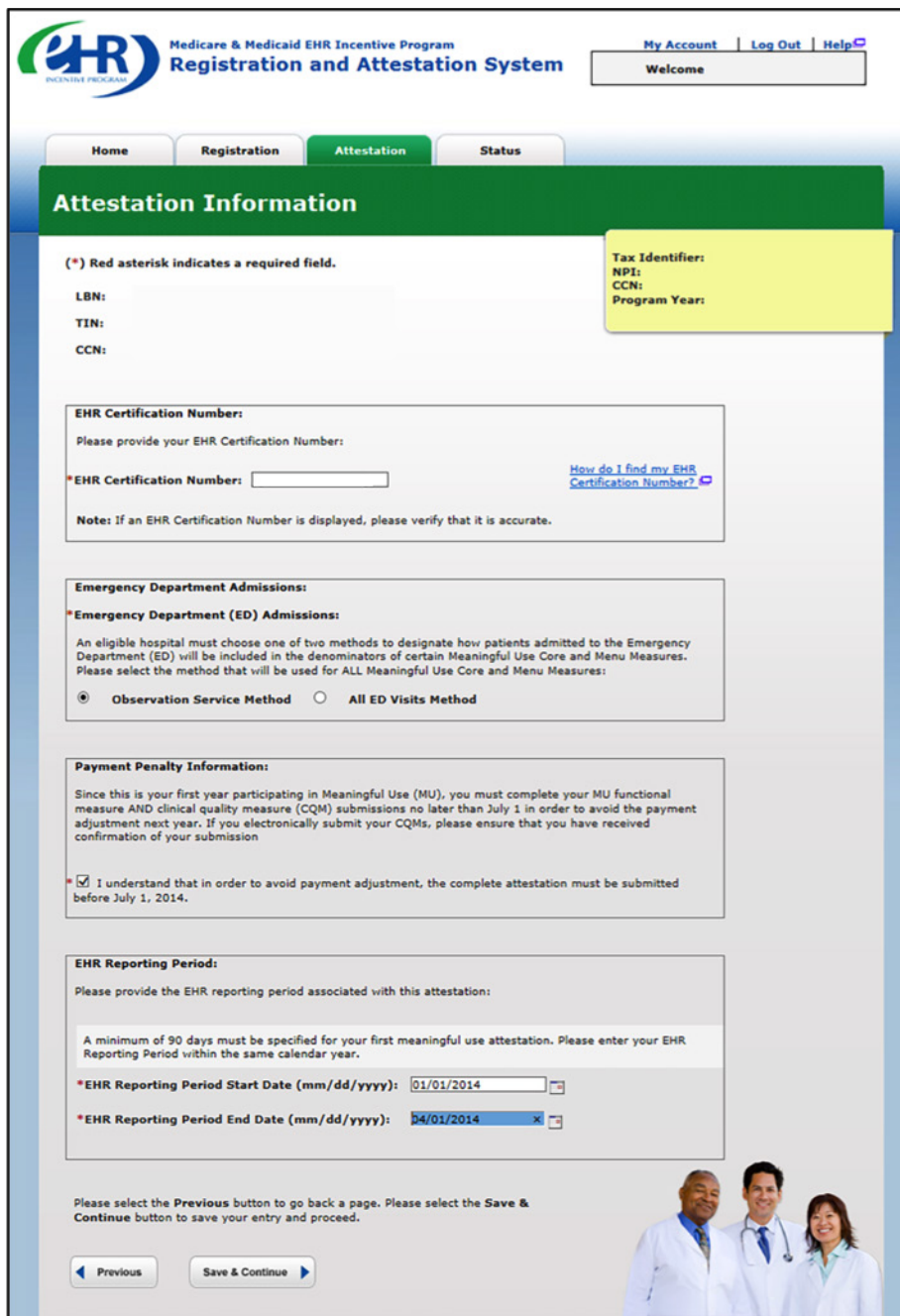
Once logged in, determine which EHR Edition you will report for the 2014 reporting year. The scenarios are below:

1. 2011 Edition CEHRT for first-year providers in Stage 1
2. 2011 Edition CEHRT for providers beyond their first year
3. 2014 Edition CEHRT for providers in Stage 1
4. 2014 Edition CEHRT for providers in Stage 2
5. Combination of 2011 and 2014 Edition CEHRT for providers in Stage 1 or Stage 2
6. Making System Modifications
 - A. Changing 2014 Edition CEHRT number to 2011 Edition CEHRT number
 - B. Updating the Definition selection associated with a hybrid Edition CEHRT
7. Batch Attestation Upload Changes for Stage 1 or Stage 2

Scenario #1: 2011 Edition CEHRT for First-Year Providers

This reporting option is only available for providers attesting for their first year of meaningful use. Providers only need to enter 2013 Stage I meaningful use data for a 90-day reporting period.

Providers are not able to electronically report clinical quality measures (CQMs) under this option.



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

My Account | Log Out | Help

Welcome

Home | Registration | **Attestation** | Status

Attestation Information

(*) Red asterisk indicates a required field.

LBN:

TIN:

CCN:

Tax Identifier:
NPI:
CCN:
Program Year:

EHR Certification Number:
Please provide your EHR Certification Number:
*EHR Certification Number: [How do I find my EHR Certification Number?](#)
Note: If an EHR Certification Number is displayed, please verify that it is accurate.

Emergency Department Admissions:
*Emergency Department (ED) Admissions:
An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Core and Menu Measures. Please select the method that will be used for ALL Meaningful Use Core and Menu Measures:
☒ Observation Service Method ☐ All ED Visits Method

Payment Penalty Information:
Since this is your first year participating in Meaningful Use (MU), you must complete your MU functional measure AND clinical quality measure (CQM) submissions no later than July 1 in order to avoid the payment adjustment next year. If you electronically submit your CQMs, please ensure that you have received confirmation of your submission.
* ☒ I understand that in order to avoid payment adjustment, the complete attestation must be submitted before July 1, 2014.

EHR Reporting Period:
Please provide the EHR reporting period associated with this attestation:
A minimum of 90 days must be specified for your first meaningful use attestation. Please enter your EHR Reporting Period within the same calendar year.
*EHR Reporting Period Start Date (mm/dd/yyyy):
*EHR Reporting Period End Date (mm/dd/yyyy):

Please select the **Previous** button to go back a page. Please select the **Save & Continue** button to save your entry and proceed.

STEPS

Enter your 2011 Edition CEHRT Number in the EHR Certification Number box

Enter your 90-day EHR reporting period

Click **Save & Continue** button

Scenario #1: 2011 Edition CEHRT for First-Year Providers (continued)

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

My Account | Log Out | Help

Welcome

Home | Registration | **Attestation** | Status

Attestation Information

- Please complete the CEHRT Edition section**

(*) Red asterisk indicates a required field.

LBN:
TIN:
CCN:

Tax Identifier:
NPI:
CCN:
Program Year:

EHR Certification Number:
Please provide your EHR Certification Number:
*EHR Certification Number:
[How do I find my EHR Certification Number?](#)
Note: If an EHR Certification Number is displayed, please verify that it is accurate.

Emergency Department Admissions:
*Emergency Department (ED) Admissions:
An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Core and Menu Measures. Please select the method that will be used for ALL Meaningful Use Core and Menu Measures:
☒ Observation Service Method ☐ All ED Visits Method

Payment Penalty Information:
Since this is your first year participating in Meaningful Use (MU), you must complete your MU functional measure AND clinical quality measure (CQM) submissions no later than July 1 in order to avoid the payment adjustment next year. If you electronically submit your CQMs, please ensure that you have received confirmation of your submission.
* ☐ I understand that in order to avoid payment adjustment, the complete attestation must be submitted before July 1, 2014.

EHR Reporting Period:
Please provide the EHR reporting period associated with this attestation:
A minimum of 90 days must be specified for your first meaningful use attestation. Please enter your EHR Reporting Period within the same calendar year.
*EHR Reporting Period Start Date (mm/dd/yyyy):
*EHR Reporting Period End Date (mm/dd/yyyy):

CEHRT Edition
The EHR Certification Number you have entered is not a 2014 Edition CEHRT. If you want to continue, you must attest that you have chosen to use a prior edition as you are unable to fully implement 2014 Edition CEHRT due to issues related to 2014 Edition CEHRT availability delays.
* ☐ I acknowledge that the 2014 Edition CEHRT was not used due to the inability to fully implement the 2014 Edition CEHRT caused by 2014 Edition CEHRT availability delays.

Please select the **Previous** button to go back a page. Please select the **Save & Continue** button to save your entry and proceed.

STEPS

After clicking the **Save & Continue** button, a CEHRT Edition Acknowledgement Statement will appear

Review and accept the statement

Click the **Save & Continue** button

Begin inputting your attestation information for the Core and Menu Measures and continue through the attestation process

Scenario #2: 2011 Edition CEHRT for Providers Beyond their First Year of Meaningful Use

This reporting option is available for providers beyond their first year of meaningful use who were unable to report using a 2014 Edition CEHRT. Providers can report 3 month's or a full year of 2013 Stage 1 meaningful use data with a 2011 Edition CEHRT.

Providers are not able to electronically report clinical quality measures (CQMs) under this option.

STEPS

Enter your 2011 Edition CEHRT Number in the EHR Certification Number box

Enter your 3-month or full year reporting period

Click *Save & Continue* button

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

My Account | Log Out | Help

Welcome

Home | Registration | **Attestation** | Status

Attestation Information

(*) Red asterisk indicates a required field.

LBN:
TIN:
CCN:

Tax Identifier:
NPI:
CCN:
Program Year:

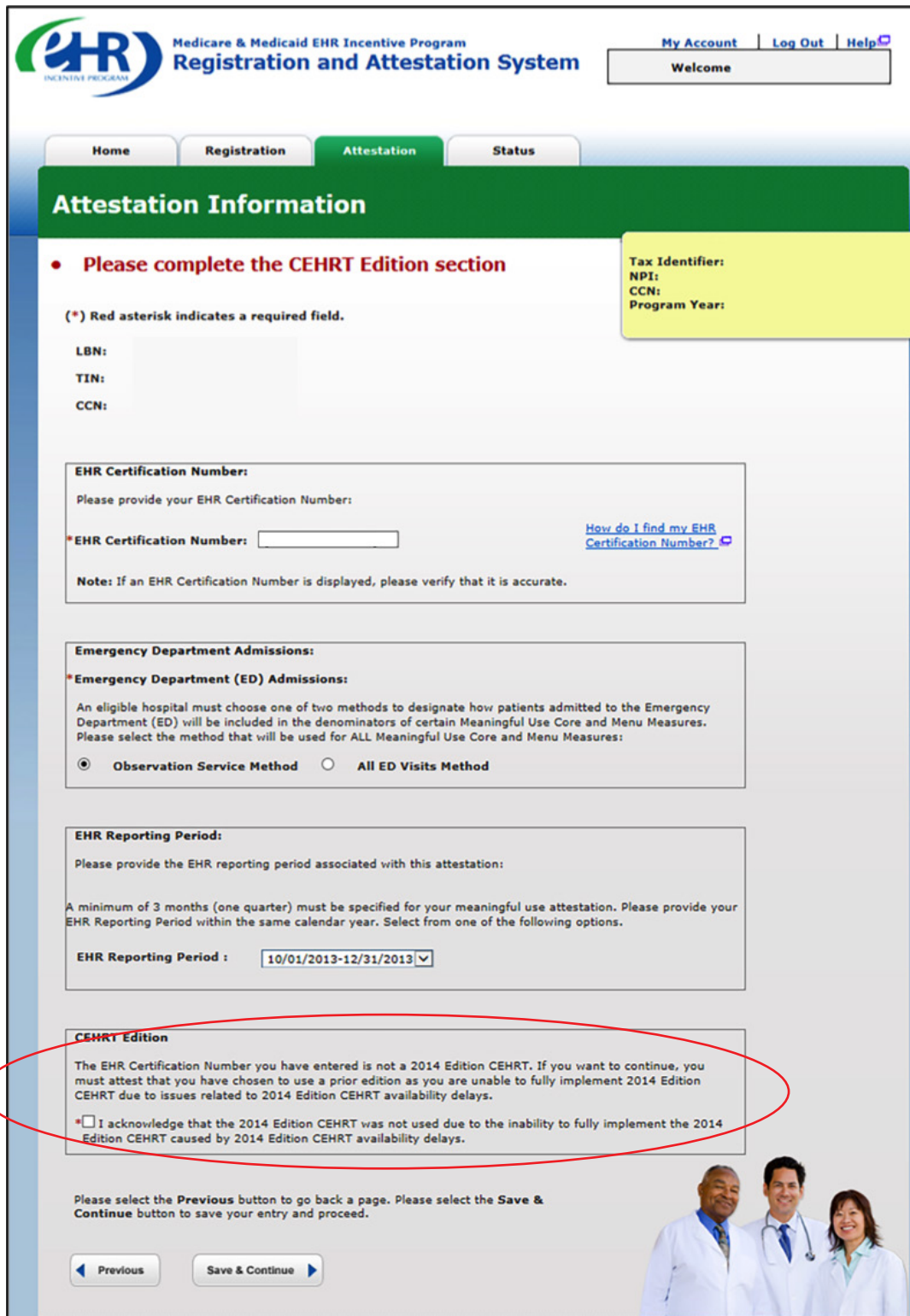
EHR Certification Number:
Please provide your EHR Certification Number:
*EHR Certification Number:
[How do I find my EHR Certification Number?](#)
Note: If an EHR Certification Number is displayed, please verify that it is accurate.

Emergency Department Admissions:
*Emergency Department (ED) Admissions:
An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Core and Menu Measures. Please select the method that will be used for ALL Meaningful Use Core and Menu Measures:
☒ Observation Service Method ☐ All ED Visits Method

EHR Reporting Period:
Please provide the EHR reporting period associated with this attestation:
A minimum of 3 months (one quarter) must be specified for your meaningful use attestation. Please provide your EHR Reporting Period within the same calendar year. Select from one of the following options.
EHR Reporting Period :

Please select the **Previous** button to go back a page. Please select the **Save & Continue** button to save your entry and proceed.

Scenario #2: 2011 Edition CEHRT for Providers Beyond their First Year of Meaningful Use (continued)



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

My Account | Log Out | Help

Welcome

Home | Registration | **Attestation** | Status

Attestation Information

- Please complete the CEHRT Edition section**

(*) Red asterisk indicates a required field.

LBN:

TIN:

CCN:

Tax Identifier:
NPI:
CCN:
Program Year:

EHR Certification Number:
Please provide your EHR Certification Number:
*EHR Certification Number: [How do I find my EHR Certification Number?](#)

Note: If an EHR Certification Number is displayed, please verify that it is accurate.

Emergency Department Admissions:
*Emergency Department (ED) Admissions:
An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Core and Menu Measures. Please select the method that will be used for ALL Meaningful Use Core and Menu Measures:
☒ Observation Service Method ☐ All ED Visits Method

EHR Reporting Period:
Please provide the EHR reporting period associated with this attestation:
A minimum of 3 months (one quarter) must be specified for your meaningful use attestation. Please provide your EHR Reporting Period within the same calendar year. Select from one of the following options.
EHR Reporting Period :

CEHRT Edition
The EHR Certification Number you have entered is not a 2014 Edition CEHRT. If you want to continue, you must attest that you have chosen to use a prior edition as you are unable to fully implement 2014 Edition CEHRT due to issues related to 2014 Edition CEHRT availability delays.
* ☐ I acknowledge that the 2014 Edition CEHRT was not used due to the inability to fully implement the 2014 Edition CEHRT caused by 2014 Edition CEHRT availability delays.

Please select the Previous button to go back a page. Please select the Save & Continue button to save your entry and proceed.

STEPS

After clicking the *Save & Continue* button, a CEHRT Edition Acknowledgement Statement will appear

Review and accept the statement

Click the *Save & Continue* button

Scenario #2: 2011 Edition CEHRT for Providers Beyond their First Year of Meaningful Use (continued)

Providers will not be able to electronically report CQMs with 2011 Edition CEHRT, and will instead need to report and attest to them through the Registration and Attestation System.

The change to this screen only applies to providers in program year 2014 for when they enter a CEHRT Edition number on the Attestation Information page that is certified to the 2011 Edition or 2013 Hybrid Edition and is attesting to the 2013 Stage I definition.

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help
Welcome

Home | Registration | **Attestation** | Status

Attestation Progress

Reason for Attestation

You are a Medicare Eligible Hospital completing an attestation for the EHR Incentive Program.

Tax Identifier:
NPI:
CCN:
Program Year:

Topics

The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. Select the **TOPIC** and provide the required information. The system will show when each **TOPIC** is completed.

1	Attestation Information	Completed	▶
2	Meaningful Use Core Measures	Completed	▶
3	Meaningful Use Menu Measures	Completed	▶
4	Clinical Quality Measures	Topic Pending	▶

Note:
When all topics are marked as completed, select the **Continue with Attestation** button to complete the attestation process. The topic of complete if it has a status of Electronic Report

Continue with Attestation ▶

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help
Welcome

Home | Registration | **Attestation** | Status

Clinical Quality Measures

eReporting

On the Attestation Information page, you entered an EHR Certification number that is not certified to 2014 Edition. You will not be able to participate in the electronic reporting program and must report and attest to your CQMs through the Registration and Attestation System.

For additional information: [Help](#)

Please select the **Previous** button to go back a page. Select the **Return to Attestation Progress** button to view your progress through the attestation topics. Select the **Continue** button to proceed.

◀ Previous | Return to Attestation Progress | Save & Continue ▶

Tax Identifier:
NPI:
Program Year:

Scenario #3: 2014 Edition CEHRT for Providers in Stage I

This reporting option is available for providers attesting to 2014 Stage I of meaningful use with a 2014 Edition CEHRT. For 2014 only, all Medicare providers beyond their first year of participation are required to demonstrate meaningful use for a 3-month EHR reporting period. Providers can also choose to report a full year of meaningful use data.

Providers with 2014 Edition CEHRT can also choose to electronically report their clinical quality measures (CQMs).

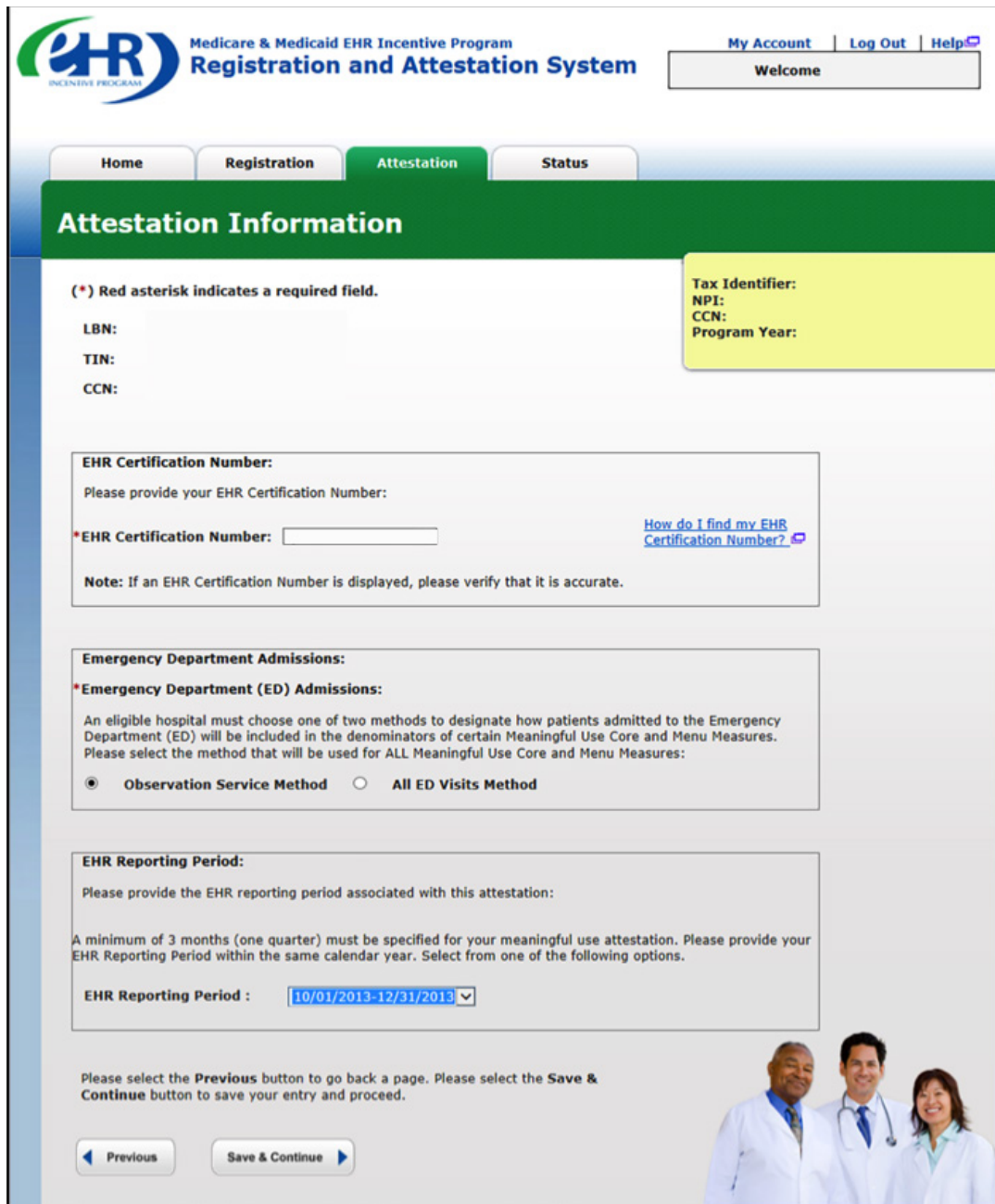
STEPS

Enter your 2014 Edition CEHRT Number in the EHR Certification Number box

Enter your 3-month or full year reporting period

Click the *Save & Continue* button

Begin inputting your attestation information for the Core and Menu Measures and continue through the attestation process



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

My Account | Log Out | Help

Welcome

Home | Registration | **Attestation** | Status

Attestation Information

(*) Red asterisk indicates a required field.

LBN:
TIN:
CCN:

Tax Identifier:
NPI:
CCN:
Program Year:

EHR Certification Number:
Please provide your EHR Certification Number:
*EHR Certification Number:
[How do I find my EHR Certification Number?](#)
Note: If an EHR Certification Number is displayed, please verify that it is accurate.

Emergency Department Admissions:
*Emergency Department (ED) Admissions:
An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Core and Menu Measures. Please select the method that will be used for ALL Meaningful Use Core and Menu Measures:
☒ Observation Service Method ☐ All ED Visits Method

EHR Reporting Period:
Please provide the EHR reporting period associated with this attestation:
A minimum of 3 months (one quarter) must be specified for your meaningful use attestation. Please provide your EHR Reporting Period within the same calendar year. Select from one of the following options.
EHR Reporting Period :

Please select the **Previous** button to go back a page. Please select the **Save & Continue** button to save your entry and proceed.

Scenario #4: 2014 Edition CEHRT for Providers in Stage 2

This reporting option is available to providers scheduled to attest to Stage 2 of meaningful use with 2014 Edition CEHRT. For 2014 only, all Medicare providers beyond their first year of participation are required to demonstrate meaningful use for a 3-month EHR reporting period in 2014. Providers can also choose to report a full year of meaningful use data. Providers scheduled to attest to Stage 2 who have been unable to fully implement their 2014 Edition CEHRT also have the option of reporting 2014 Stage 1 meaningful use.

Providers can also electronically report their Clinical Quality Measures.

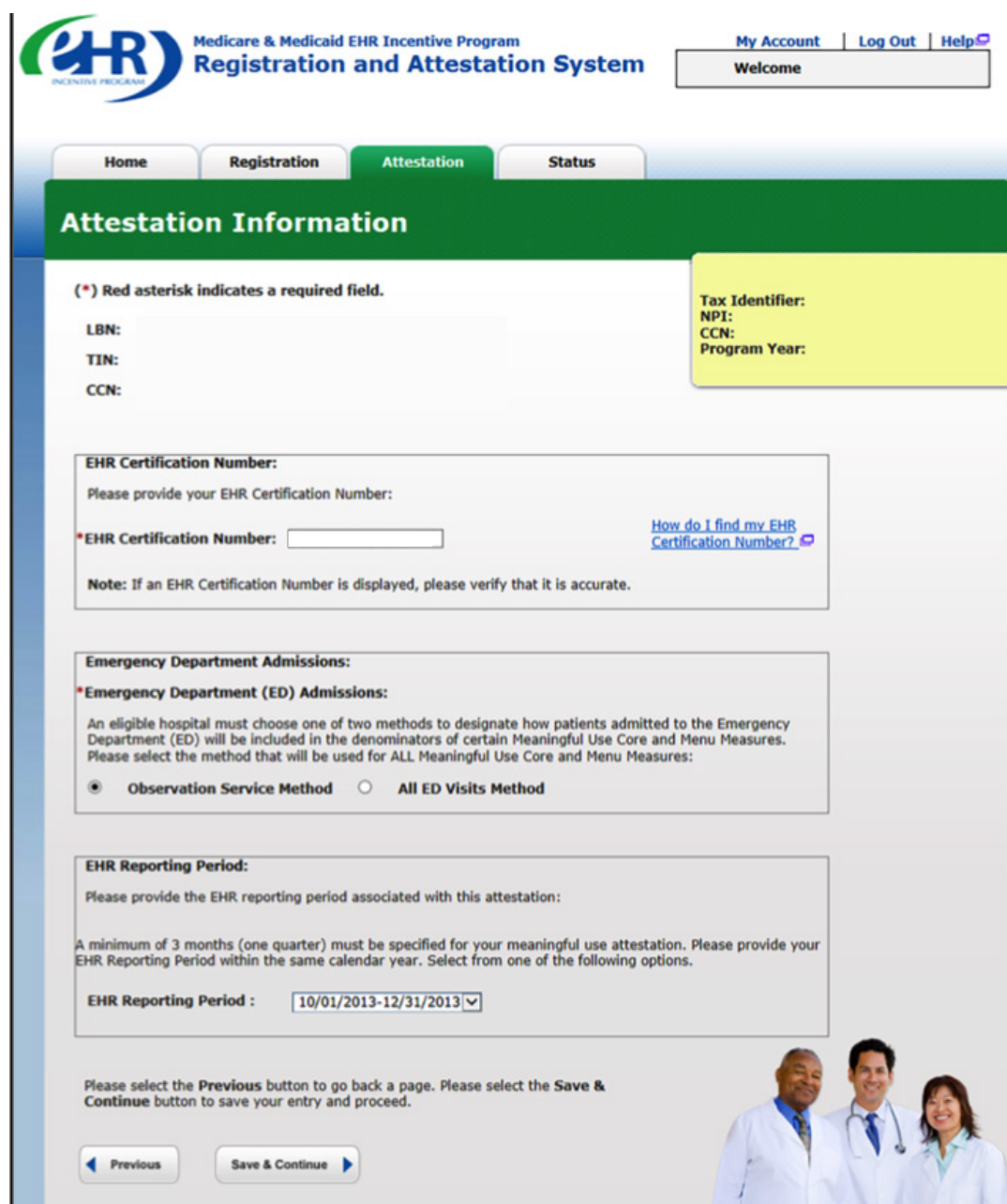
If the provider is in Stage 2 in program year 2014, clicking the 'Save and Continue' button will refresh the same page and display the option to select either Stage 1 or Stage 2.

STEPS

Enter your 2014 Edition CEHRT Number in the EHR Certification Number box

Enter your 3-month or full year reporting period

Click the *Save & Continue* button



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

My Account | Log Out | Help

Welcome

Home | Registration | **Attestation** | Status

Attestation Information

(*) Red asterisk indicates a required field.

LBN:
TIN:
CCN:

Tax Identifier:
NPI:
CCN:
Program Year:

EHR Certification Number:
Please provide your EHR Certification Number:
*EHR Certification Number:
[How do I find my EHR Certification Number?](#)
Note: If an EHR Certification Number is displayed, please verify that it is accurate.

Emergency Department Admissions:
*Emergency Department (ED) Admissions:
An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Core and Menu Measures. Please select the method that will be used for ALL Meaningful Use Core and Menu Measures:
☒ Observation Service Method ☐ All ED Visits Method

EHR Reporting Period:
Please provide the EHR reporting period associated with this attestation:
A minimum of 3 months (one quarter) must be specified for your meaningful use attestation. Please provide your EHR Reporting Period within the same calendar year. Select from one of the following options.
EHR Reporting Period :

Please select the **Previous** button to go back a page. Please select the **Save & Continue** button to save your entry and proceed.

Scenario #4: 2014 Edition CEHRT for Providers in Stage 2 (continued)

**Medicare & Medicaid EHR Incentive Program
Registration and Attestation System**

My Account | Log Out | Help

Welcome

Home | Registration | **Attestation** | Status

Attestation Information

- Please complete the Stage Selection Section**

(*) Red asterisk indicates a required field.

LBN:
TIN:
CCN:

EHR Certification Number:
Please provide your EHR Certification Number:
*EHR Certification Number:
[How do I find my EHR Certification Number?](#)
Note: If an EHR Certification Number is displayed, please verify that it is accurate.

Emergency Department Admissions:
*Emergency Department (ED) Admissions:
An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Core and Menu Measures. Please select the method that will be used for ALL Meaningful Use Core and Menu Measures:
☒ Observation Service Method ☐ All ED Visits Method

EHR Reporting Period:
Please provide the EHR reporting period associated with this attestation:
A minimum of 3 months (one quarter) must be specified for your meaningful use attestation. Please provide your EHR Reporting Period within the same calendar year. Select from one of the following options.
EHR Reporting Period :

Stage Selection
You have completed two years of Stage 1 and are eligible to attest for Stage 2 Meaningful Use measures for the program year 2014. However, you have the option to continue with Stage 1 for one more year. If you choose to continue in Stage 1, please acknowledge that you are unable to fully implement 2014 Edition CEHRT because of issues related to 2014 Edition CEHRT availability delays.
*Please select the stage to which you would like to attest for program year 2014:
☐ Stage 1 ☐ Stage 2
☐ I acknowledge that Stage 1 is selected due to the inability to fully implement the 2014 Edition CEHRT caused by 2014 Edition CEHRT availability delays.

Please select the **Previous** button to go back a page. Please select the **Save & Continue** button to save your entry and proceed.

STEPS

After clicking the *Save & Continue* button, a Stage Selection box will appear

Select Stage 2 or 2014 Stage 1 and check that you have reviewed the acknowledgement statement if you choose 2014 Stage 1

Click the *Save & Continue* button

Clicking the *Save & Continue* button will save the attestation and display the first core measure of the selected stage.

Scenario #5: Combination of 2011 and 2014 Edition CEHRT

This reporting option allows providers to use a hybrid of 2011 Edition and 2014 Edition CEHRT. Medicare providers beyond their first year of participation must report 3 month's of meaningful use data for 2014. Providers can also choose to report a full year of meaningful use data. The reporting options include:

- If you are scheduled to report Stage 1:
 - [2013 Stage 1 objectives](#) and [2013 CQMs](#); or
 - [2014 Stage 1 objectives](#) and [2014 CQMs](#)
- If you are scheduled to report Stage 2:
 - 2013 Stage 1 objectives and 2013 CQMs; or
 - 2014 Stage 1 objectives and 2014 CQMs; or
 - [Stage 2 objectives](#) and [2014 CQMs](#)

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help
Welcome

Home | Registration | **Attestation** | Status

Attestation Information

(*) Red asterisk indicates a required field.

LBN:
TIN:
CCN:

Tax Identifier:
NPI:
CCN:
Program Year:

EHR Certification Number:
Please provide your EHR Certification Number:
*EHR Certification Number:
[How do I find my EHR Certification Number?](#)
Note: If an EHR Certification Number is displayed, please verify that it is accurate.

Emergency Department Admissions:
*Emergency Department (ED) Admissions:
An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Core and Menu Measures. Please select the method that will be used for ALL Meaningful Use Core and Menu Measures:
☒ Observation Service Method ☐ All ED Visits Method

EHR Reporting Period:
Please provide the EHR reporting period associated with this attestation:
A minimum of 3 months (one quarter) must be specified for your meaningful use attestation. Please provide your EHR Reporting Period within the same calendar year. Select from one of the following options.
EHR Reporting Period :

Please select the **Previous** button to go back a page. Please select the **Save & Continue** button to save your entry and proceed.

STEPS

Enter your hybrid CEHRT Number in the EHR Certification Number box

Enter your 3-month or full year reporting period

Click the *Save & Continue* button

If a 2013 Hybrid Edition CEHRT number is entered, clicking the *Save & Continue* button on the Attestation Information page refreshes the same page and displays the CEHRT Edition section AND the *Definition Selection* section.

Scenario #5: Combination of 2011 and 2014 Edition CEHRT (continued)

Note: The options for 'Measure Definition' are dynamic. The '2014 Stage 2 objectives and measures' option will be available only if providers have been identified as being in Stage 2.

Clicking 'Save and Continue' on the Attestation Information page will save the attestation and allow providers to attest to the selected definition of measures.

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

My Account | Log Out | Help

Welcome

Home | Registration | **Attestation** | Status

Attestation Information

• **Please complete the Measure Definition Section**

(*) Red asterisk indicates a required field.

LBN:
TIN:
CCN:

EHR Certification Number:
Please provide your EHR Certification Number:
*EHR Certification Number: [How do I find my EHR Certification Number?](#)
Note: If an EHR Certification Number is displayed, please verify that it is accurate.

Emergency Department Admissions:
*Emergency Department (ED) Admissions:
An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Core and Menu Measures. Please select the method that will be used for ALL Meaningful Use Core and Menu Measures:
☒ Observation Service Method ☐ All ED Visits Method

EHR Reporting Period:
Please provide the EHR reporting period associated with this attestation:
A minimum of 3 months (one quarter) must be specified for your meaningful use attestation. Please provide your EHR Reporting Period within the same calendar year. Select from one of the following options.
EHR Reporting Period :

Measure Definition
Providers who are using a combination of 2011 Edition CEHRT and 2014 Edition CEHRT for their EHR reporting period in 2014 may choose to meet the 2013 Stage 1 objectives and measures or the 2014 Stage 1 objectives and measures, or if they are scheduled to begin Stage 2 in 2014 they may choose to meet the Stage 2 objectives and associated measures.
*Please select the set of measures that you choose to attest for Program Year 2014:
☐ 2013 Stage 1 Objectives and Measures ☐ 2014 Stage 1 Objectives and Measures
☐ 2014 Stage 2 Objectives and Measures
The EHR Certification Number you have entered is not a 2014 Edition CEHRT. If you want to continue, you must attest that you have chosen to use a prior edition as you are unable to fully implement 2014 Edition CEHRT due to issues related to 2014 Edition CEHRT availability delays.
☐ I acknowledge that the 2014 Edition CEHRT was not used due to the inability to fully implement the 2014 Edition CEHRT caused by 2014 Edition CEHRT availability delays.

Please select the **Previous** button to go back a page. Please select the **Save & Continue** button to save your entry and proceed.

STEPS

Upon clicking the 'Save & Continue' button, you will see a Measure Definition Section displayed

Please select one of the following Measure Definition Selections below:

- 2013 Stage 1 Objectives and Measures
- 2014 Stage 1 Objectives and Measures
- 2014 Stage 2 Objectives and Measures (Note: this option will only be displayed if you are scheduled to demonstrate Stage 2)

Click the **Save & Continue** button


Scenario #6A: Making System Modifications: 2014 Edition

CEHRT number to 2011 Edition CEHRT number

This reporting option is for providers who were scheduled to meet Stage 2 requirements, but were unable to fully implement their 2014 Edition CEHRT. Providers will change their 2014 Edition CEHRT number to a 2011 Edition CEHRT number.

STEPS

.....
If you wish to change your 2014 Edition CEHRT to 2011 Edition CEHRT, click the *Modify* button on the Attestation page



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

[My Account](#) | [Log Out](#) | [Help](#)

Welcome

Home | Registration | **Attestation** | Status

Attestation

Medicare Attestation Instructions

Welcome to the Medicare Attestation Page. Medicare providers must attest using this system or attest via batch upload. Attestation for the Medicaid incentive program occurs at the State Medicaid Agency. If you want to change your incentive program designation, select the Registration tab.

The payment year includes the years for which the Eligible Professional is claimed by a Medicare Advantage Organization (MAO) for the MA Incentive program.

For information on the meaningful use requirements for attestation, please visit the [Meaningful Use Information page](#).

Depending on the current status of your Medicare attestation, please select one of the following actions:

Attest Begin Medicare attestation to meaningful use of EHR technology

Modify Modify a previously started Medicare attestation that has not yet been submitted

Cancel Inactivate a Medicare attestation prior to receiving an EHR incentive payment

Resubmit Resubmit a failed or rejected Medicare attestation

Reactivate Reactivate a canceled Medicare attestation

View Review the Medicare attestation summary of measures after submission

Not Available In order to begin, modify, cancel, resubmit, or reactivate a Medicare Attestation record, the EHR Incentive Program Registration associated to the Medicare Attestation record must have a Medicare Registration Status of "Active". Please verify that the registration is in the correct status.

Medicare Attestation Selection

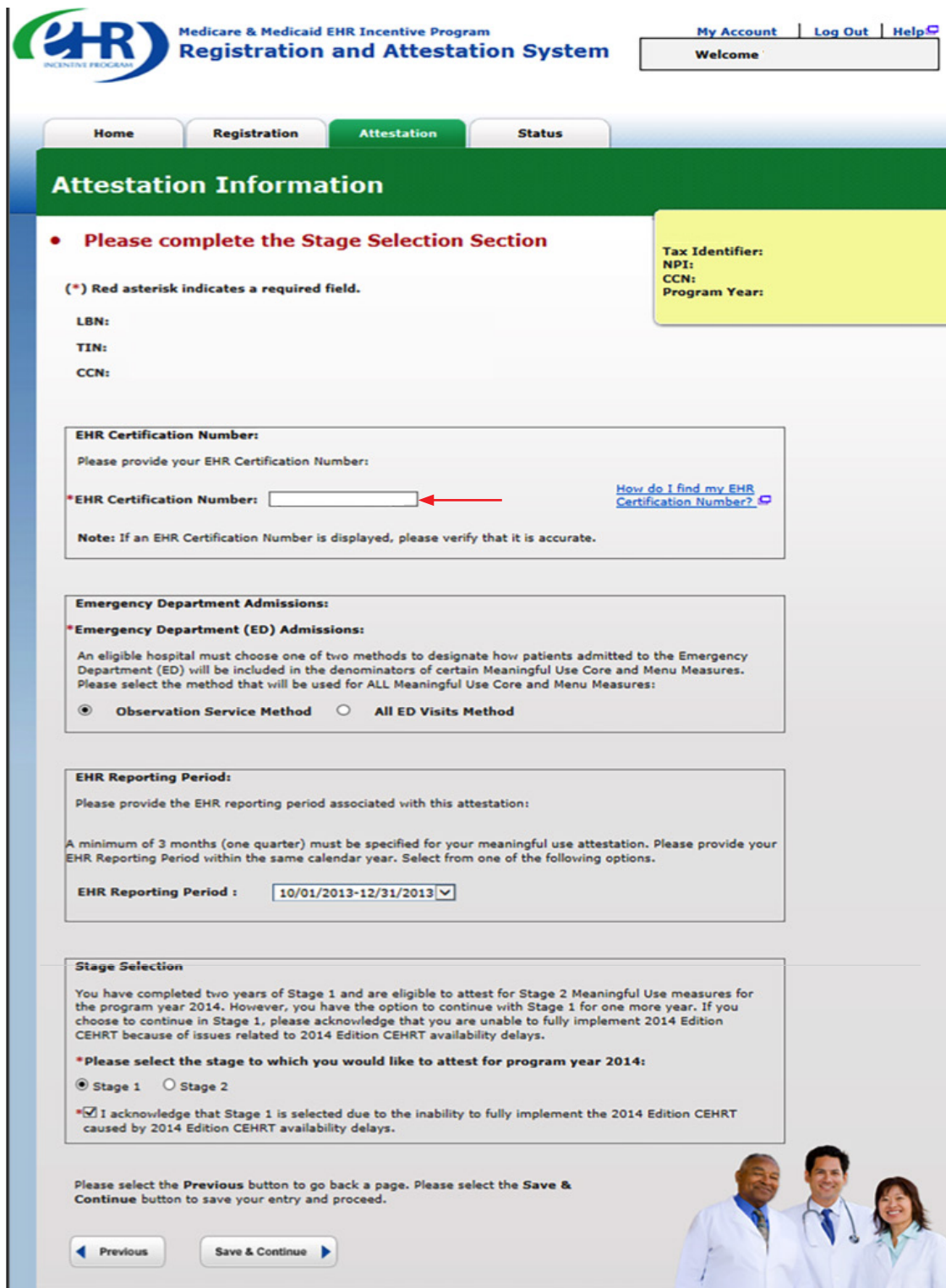
Identify the desired Medicare attestation and select the Action you would like to perform. Please note that only one Action can be performed at a time on this page.

Name	Tax Identifier	CMS Certification Number (CCN)	Medicare Attestation Status	Program Year	Payment Year	Action
						<input type="button" value="View"/>
						<input type="button" value="Modify"/> <input type="button" value="Cancel"/>
						<input type="button" value="Attest"/>
						<input type="button" value="Attest"/>

Medicare Attestation Batch

Please select the **Attestation Batch Upload** button to upload Attestations(s) using a batch file.

Scenario #6A: Making System Modifications: 2014 Edition CEHRT number to 2011 Edition CEHRT number (continued)



Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help
Welcome

Home | Registration | **Attestation** | Status

Attestation Information

- Please complete the Stage Selection Section**

(*) Red asterisk indicates a required field.

LBN:
TIN:
CCN:

EHR Certification Number:
Please provide your EHR Certification Number:
*EHR Certification Number: [How do I find my EHR Certification Number?](#)
Note: If an EHR Certification Number is displayed, please verify that it is accurate.

Emergency Department Admissions:
*Emergency Department (ED) Admissions:
An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Core and Menu Measures. Please select the method that will be used for ALL Meaningful Use Core and Menu Measures:
☒ Observation Service Method ☐ All ED Visits Method

EHR Reporting Period:
Please provide the EHR reporting period associated with this attestation:
A minimum of 3 months (one quarter) must be specified for your meaningful use attestation. Please provide your EHR Reporting Period within the same calendar year. Select from one of the following options.
EHR Reporting Period :

Stage Selection
You have completed two years of Stage 1 and are eligible to attest for Stage 2 Meaningful Use measures for the program year 2014. However, you have the option to continue with Stage 1 for one more year. If you choose to continue in Stage 1, please acknowledge that you are unable to fully implement 2014 Edition CEHRT because of issues related to 2014 Edition CEHRT availability delays.
*Please select the stage to which you would like to attest for program year 2014:
☒ Stage 1 ☐ Stage 2
*☒ I acknowledge that Stage 1 is selected due to the inability to fully implement the 2014 Edition CEHRT caused by 2014 Edition CEHRT availability delays.

Please select the **Previous** button to go back a page. Please select the **Save & Continue** button to save your entry and proceed.

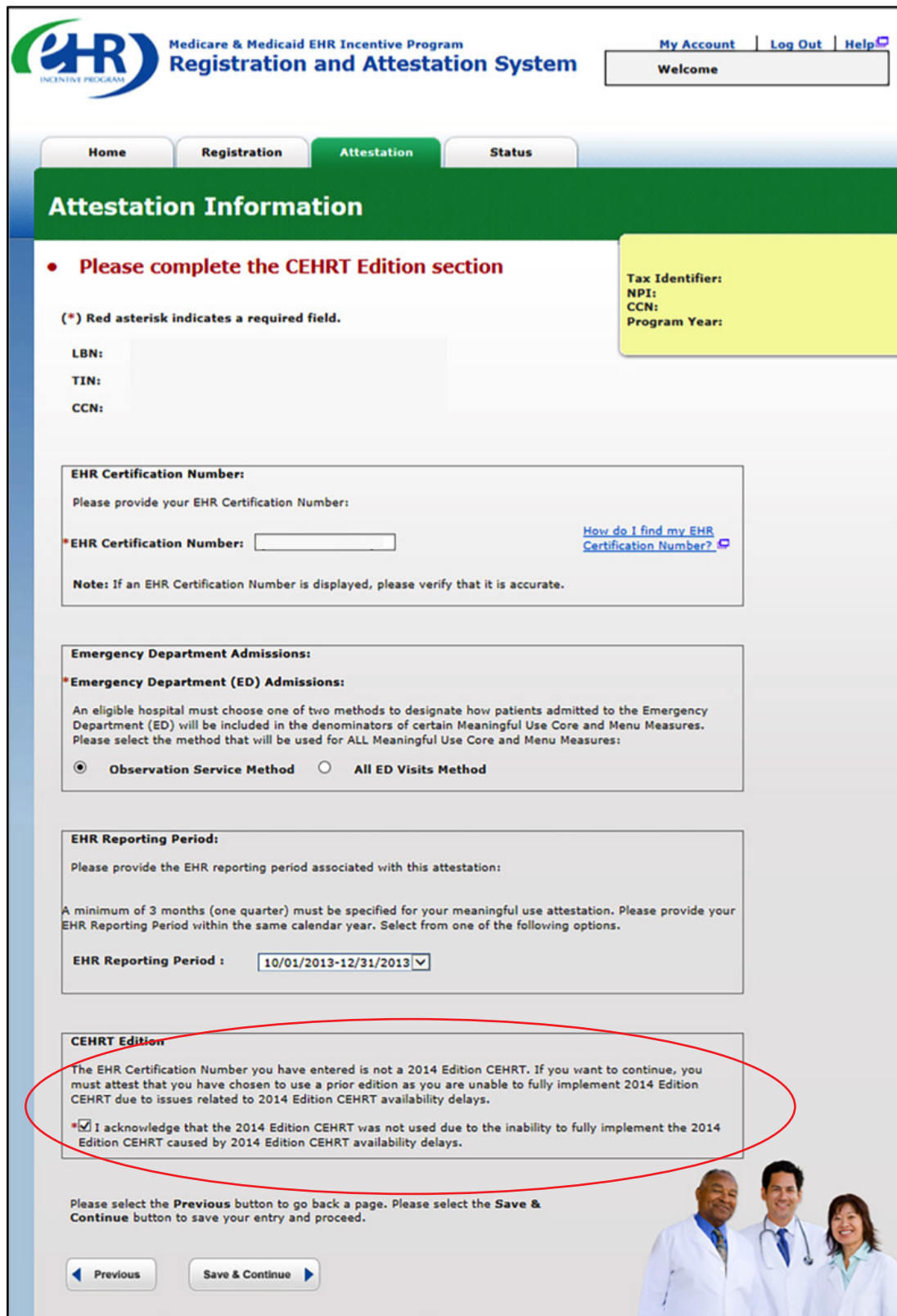
STEPS

You will see your 2014 Edition CEHRT number in the CEHRT number box

To change your Edition CEHRT, enter your 2011 Edition CEHRT number in the CEHRT number box

Click the **Save & Continue** button

Scenario #6A: Making System Modifications: 2014 Edition CEHRT number to 2011 Edition CEHRT number (continued)



Medicare & Medicaid EHR Incentive Program Registration and Attestation System

My Account | Log Out | Help

Welcome

Home | Registration | **Attestation** | Status

Attestation Information

- Please complete the CEHRT Edition section**

(*) Red asterisk indicates a required field.

LBN:

TIN:

CCN:

EHR Certification Number:

Please provide your EHR Certification Number:

*EHR Certification Number:

[How do I find my EHR Certification Number?](#)

Note: If an EHR Certification Number is displayed, please verify that it is accurate.

Emergency Department Admissions:

*Emergency Department (ED) Admissions:

An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Core and Menu Measures. Please select the method that will be used for ALL Meaningful Use Core and Menu Measures:

☒ Observation Service Method ☐ All ED Visits Method

EHR Reporting Period:

Please provide the EHR reporting period associated with this attestation:

A minimum of 3 months (one quarter) must be specified for your meaningful use attestation. Please provide your EHR Reporting Period within the same calendar year. Select from one of the following options.

EHR Reporting Period :

CEHRT Edition

The EHR Certification Number you have entered is not a 2014 Edition CEHRT. If you want to continue, you must attest that you have chosen to use a prior edition as you are unable to fully implement 2014 Edition CEHRT due to issues related to 2014 Edition CEHRT availability delays.

*☒ I acknowledge that the 2014 Edition CEHRT was not used due to the inability to fully implement the 2014 Edition CEHRT caused by 2014 Edition CEHRT availability delays.

Please select the **Previous** button to go back a page. Please select the **Save & Continue** button to save your entry and proceed.

STEPS

Review the CEHRT Edition information in the highlighted box and check the box acknowledging that you were unable to fully implement 2014 Edition CEHRT due to issues related to 2014 Edition CEHRT availability delays

Click the *Save & Continue* button

Scenario #6A: Making System Modifications: 2014 Edition CEHRT number to 2011 Edition CEHRT number (continued)

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System interface. The top navigation bar includes links for My Account, Log Out, and Help. The main content area is titled "Confirmation" and displays the following information:

- Existing Attestation Information:** EHR Certification Number: [Redacted]
- Updated Attestation Information:** EHR Certification Number: [Redacted]
- Confirmation:** The existing attestation is invalid due to one or more of the following changes:
 - EHR Certification Number is invalid due to one or more of the following changes:
 - MU Stage Number
 - Measure Definition
- Confirmation Message:** If you wish to continue with the changes, please select the checkbox below to delete the existing attestation and associated measure information. Please note that you will have to re-enter all the measures for the updated attestation.
- Checkbox:** ☐ Delete the existing attestation information, objectives and measures
- Buttons:** Cancel Change, Confirm Change

STEPS

Confirm or Cancel this change:

- If you confirm the change, the attestation will be overwritten with the new change
- If you cancel the change, the attestation changes will be discarded and the topics page will be displayed

Scenario #6B: Making System Modifications: 2014 Stage I

Definition to 2013 Stage I Definition

Providers using a combination of 2011 Edition CEHRT and 2014 Edition CEHRT for the 2014 reporting year may choose to meet the 2013 Stage I objectives and measures or the 2014 Stage I objectives and measures.

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

My Account | Log Out | Help

Welcome

Home | Registration | **Attestation** | Status

Attestation

Medicare Attestation Instructions

Welcome to the Medicare Attestation Page. Medicare providers must attest using this system or attest via batch upload. Attestation for the Medicaid incentive program occurs at the State Medicaid Agency. If you want to change your incentive program designation, select the Registration tab.

The payment year includes the years for which the Eligible Professional is claimed by a Medicare Advantage Organization (MAO) for the MA Incentive program.

For information on the meaningful use requirements for attestation, please visit the [Meaningful Use Information page](#).

Depending on the current status of your Medicare attestation, please select one of the following actions:

Attest	Begin Medicare attestation to meaningful use of EHR technology
Modify	Modify a previously started Medicare attestation that has not yet been submitted
Cancel	Inactivate a Medicare attestation prior to receiving an EHR incentive payment
Resubmit	Resubmit a failed or rejected Medicare attestation
Reactivate	Reactivate a canceled Medicare attestation
View	Review the Medicare attestation summary of measures after submission
Not Available	In order to begin, modify, cancel, resubmit, or reactivate a Medicare Attestation record, the EHR Incentive Program Registration associated to the Medicare Attestation record must have a Medicare Registration Status of "Active". Please verify that the registration is in the correct status.

Medicare Attestation Selection

Identify the desired Medicare attestation and select the Action you would like to perform. Please note that only one Action can be performed at a time on this page.

Name	Tax Identifier	CMS Certification Number (CCN)	Medicare Attestation Status	Program Year	Payment Year	Action
						View
						Modify Cancel
						Attest
						Attest

Medicare Attestation Batch

Please select the **Attestation Batch Upload** button to upload Attestations(s) using a batch file.

Attestation Batch Upload

STEPS

.....

If you who wish to change your 2014 Stage 1 Definition to 2013 Stage 1 Definition, click the *Modify* button on the Attestation page

Scenario #6B: Making System Modifications: 2014 Stage 1 Definition to 2013 Stage 1 Definition (continued)

STEPS

You will see your current Stage 1 Definition option highlighted in the Measure Definition box

Change your definition based on your 2014 reporting options

Click the *Save & Continue* button

The image displays two screenshots of the Medicare & Medicaid EHR Incentive Program Registration and Attestation System. The left screenshot shows the 'Attestation Information' page with the 'Measure Definition' section highlighted. The right screenshot shows the same page with the '2014 Stage 1 Objectives and Measures' option selected.

Attestation Information

Please complete the Measure Definition Section

(*) Red asterisk indicates a required field.

LBN:
 TIN:
 CCN:

EHR Certification Number:
 Please provide your EHR Certification Number: [How do I find my EHR Certification Number?](#)
 Note: If an EHR Certification Number is displayed, please verify that it is accurate.

Emergency Department Admissions:
Emergency Department (ED) Admissions:
 An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Core and Menu Measures. Please select the method that will be used for ALL Meaningful Use Core and Menu Measures:
☒ Observation Service Method ☐ All ED Visits Method

EHR Reporting Period:
 Please provide the EHR reporting period associated with this attestation:
 A minimum of 3 months (one quarter) must be specified for your meaningful use attestation. Please provide your EHR Reporting Period within the same calendar year. Select from one of the following options:
 EHR Reporting Period :

Measure Definition
 Providers who are using a combination of 2011 Edition CEHRT and 2014 Edition CEHRT for reporting period in 2014 may choose to meet the 2013 Stage 1 objectives and measures or the 2014 Stage 1 objectives and measures, or if they are scheduled to begin Stage 2 in 2014 they may choose to meet the Stage 2 objectives and associated measures.
Please select the set of measures that you choose to attest for Program Year 2014:
☒ 2013 Stage 1 Objectives and Measures ☐ 2014 Stage 1 Objectives and Measures
☐ 2014 Stage 2 Objectives and Measures
 The EHR Certification Number you have entered is not a 2014 Edition CEHRT. If you want to continue, you must attest that you have chosen to use a prior edition as you are unable to fully implement 2014 Edition CEHRT due to issues related to 2014 Edition CEHRT availability delays.
☐ I acknowledge that the 2014 Edition CEHRT was not used due to the inability to fully implement the 2014 Edition CEHRT caused by 2014 Edition CEHRT availability delays.

Please select the **Previous** button to go back a page. Please select the **Save & Continue** button to save your entry and proceed.

Attestation Information

Please complete the Measure Definition Section

(*) Red asterisk indicates a required field.

LBN:
 TIN:
 CCN:

EHR Certification Number:
 Please provide your EHR Certification Number: [How do I find my EHR Certification Number?](#)
 Note: If an EHR Certification Number is displayed, please verify that it is accurate.

Emergency Department Admissions:
Emergency Department (ED) Admissions:
 An eligible hospital must choose one of two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Core and Menu Measures. Please select the method that will be used for ALL Meaningful Use Core and Menu Measures:
☒ Observation Service Method ☐ All ED Visits Method

EHR Reporting Period:
 Please provide the EHR reporting period associated with this attestation:
 A minimum of 3 months (one quarter) must be specified for your meaningful use attestation. Please provide your EHR Reporting Period within the same calendar year. Select from one of the following options:
 EHR Reporting Period :

Measure Definition
 Providers who are using a combination of 2011 Edition CEHRT and 2014 Edition CEHRT for their EHR reporting period in 2014 may choose to meet the 2013 Stage 1 objectives and measures or the 2014 Stage 1 objectives and measures, or if they are scheduled to begin Stage 2 in 2014 they may choose to meet the Stage 2 objectives and associated measures.
Please select the set of measures that you choose to attest for Program Year 2014:
☐ 2013 Stage 1 Objectives and Measures ☒ 2014 Stage 1 Objectives and Measures
☐ 2014 Stage 2 Objectives and Measures
 The EHR Certification Number you have entered is not a 2014 Edition CEHRT. If you want to continue, you must attest that you have chosen to use a prior edition as you are unable to fully implement 2014 Edition CEHRT due to issues related to 2014 Edition CEHRT availability delays.
☐ I acknowledge that the 2014 Edition CEHRT was not used due to the inability to fully implement the 2014 Edition CEHRT caused by 2014 Edition CEHRT availability delays.

Please select the **Previous** button to go back a page. Please select the **Save & Continue** button to save your entry and proceed.

Scenario #6B: Making System Modifications: 2014 Stage I Definition to 2013 Stage I Definition (continued)

The screenshot shows the Medicare & Medicaid EHR Incentive Program Registration and Attestation System interface. The top navigation bar includes links for My Account, Log Out, and Help. The main navigation bar has tabs for Home, Registration, Attestation (selected), and Status. The Attestation tab is highlighted in green.

Confirmation

(*) Red asterisk indicates a required field.

Existing Attestation Information
EHR Certification Number: [text box]

Updated Attestation Information
EHR Certification Number: [text box]

Confirmation
The existing attestation is invalid due to one or more of the following changes:

- EHR Certification Number is invalid due to one or more of the following changes:
- MU Stage Number
- Measure Definition

If you wish to continue with the changes, please select the checkbox below to delete the existing attestation and associated measure information. Please note that you will have to re-enter all the measures for the updated attestation.

☐ Delete the existing attestation information, objectives and measures

Please select the **Cancel Change** to discard the changes and return to the topics page Or select **Confirm Change** save the changes and proceed.

Cancel Change **Confirm Change**

Tax Identifier:
NPI:
Program Year:

STEPS

Confirm or Cancel
this change:

- If you confirm the change, the attestation will be overwritten with the new change
- If you cancel the change, the attestation changes will be discarded and the topics page will be displayed

Scenario #7: Batch Attestation Upload

The Attestation Batch Upload option allows multiple eligible professionals or multiple eligible hospitals to submit attestations in a single file through the CMS Registration and Attestation System.

Only 2014 Edition CEHRT is able to submit batch attestations. If you are using a 2011 Edition CEHRT, you must enter your attestation information individually through the CMS Registration and Attestation System.

If 2014 Stage 1 meaningful use measures are submitted for providers who are eligible for Stage 2 in program year 2014 due to the inability to fully implement the 2014 Edition CEHRT caused by 2014 Edition CEHRT availability delays, accepting the corresponding attestation statement is required.

STEPS

Upload the batch file to the CMS Registration and Attestation system

Input your email address

Review and accept the Attestation Statement(s)

Click the *Upload* button

Continue through the Registration and Attestation System

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

My Account | Log Out | Help

Welcome

Home | Registration | **Attestation** | Status

Attestation Batch Upload

Attestation for the Medicare EHR Incentive Program can be submitted using batch instead of entering data in the Attestation System. To submit attestations using batch file, upload the file containing the attestation information for one or more providers using this page. Each batch file can contain a maximum of 10,000 provider attestations. The batch file can be either a CSV (comma separated) file or a XML file.

A 2014 Certified EHR Technology is required to submit attestations using batch file. If you are using an older edition of CEHRT, please enter your attestation using the RNA system.

Please note that you can only upload a maximum of 35 batch files per day. Once you meet the maximum, you will not be allowed to upload files until the next day.

For the file templates and instructions on creating the file, please visit the [Attestation Batch Specifications Page](#).

(*) Red asterisk indicates a required field.

Payment Penalty Information:

Providers participating in Meaningful Use (MU) for the first year must complete their MU functional measure AND clinical quality measure (CQM) submissions no later than July 1 of the reporting period year for eligible hospitals or October 1 for eligible professionals in order to avoid the payment adjustment next year. If you plan to electronically submit your CQMs, please ensure that you have received confirmation that you've met the CQM reporting requirements.

☐ I understand that in order to avoid payment adjustment, the complete attestation must be submitted before July 1 for eligible hospitals or October 1 for eligible professionals.

*** Batch File:**

Please select the Browse button to choose the file to be uploaded:

Browse...

Note: The file extension should match the batch file format: '.csv' for a CSV file and '.xml' for a XML files.

*** Email Address:**

Note: The emails related to the batch file status updates will be sent to this email address.

*** Confirm Email Address:**

*** Attestation Statements**

You are about to submit your attestation batch file.

Please check the box next to the statements below to attest, and then select the Upload button to complete your attestation:

☐ The information submitted for Meaningful Use Core and Menu measures accurately reflects the use of the Certified EHR Technology and if CQMs are included they were generated as output from an identified Certified EHR Technology

☐ Stage 1 Meaningful Use measures are submitted for providers who are eligible for Stage 2 in Program Year 2014 due to the inability to fully implement the 2014 Edition CEHRT caused by 2014 Edition CEHRT availability delays.

Please select the **Upload** button to save your entry and proceed with attestation batch file upload. Select the **Cancel** button to go back to the Attestation Selection page and your attestation batch file will not be uploaded.

Additional Information

Based on the 2014 reporting options, please visit the following Attestation User Guides for a step-by-step overview of the CMS attestation process:

Providers reporting using 2014 Edition CEHRT:

- [Stage I Attestation User Guide for Medicare Eligible Professionals](#)
- [Stage I Attestation User Guide for Eligible Hospitals and CAHs](#)
- [Stage I Eligible Professional Attestation Worksheet \(2014 Edition\)](#)
- [Stage I Eligible Hospital and CAH Attestation Worksheet \(2014 Edition\)](#)

Providers reporting using 2011 Edition CEHRT or a combination of 2011 and 2014 Edition CEHRT:

- [Stage I Attestation User Guide for Eligible Professionals \(2013 Definition\)](#)
- [Stage I Eligible Professional Attestation Worksheet \(2013 Definition\)](#)
- [Stage I Eligible Hospital and CAH Attestation Worksheet \(2013 Definition\)](#)

Additional Resources

- [Batch User Guide](#)
- [CMS Registration and Attestation Webpage](#)